Adherence to Guidelines in Surgically Managing Patients Presenting with Pancreatitis Secondary to Gallstones

**BACKGROUND**

- The incidence rate for acute pancreatitis ranges from 5-35 per 100,000 cases. The most common cause of acute pancreatitis is secondary to gallstones, accounting for 50% of the total cases, but only 3-7% of patients with gallstones developing acute pancreatitis.
- Laparoscopic cholecystectomy is a common definitive treatment for acute gallstone pancreatitis and reduces the risk of recurrent pancreatitis and other gallstone related complications by 30%.
- Current guidelines recommend that all patients who present with gallstone pancreatitis should be considered for a laparoscopic cholecystectomy during the index admission or within 2 weeks of discharge.

**AIMS/OBJECTIVES**

- This study aimed to investigate the adherence to guidelines on surgical management of patients presenting with gallstone pancreatitis.

**METHODS**

- 79 patients were identified between the period of February 2022 to February 2023 with pancreatitis secondary to gallstones.
- The primary outcome measured was time between surgical intervention and diagnosis, with secondary outcomes being method of diagnosis, imaging modality and whether antibiotics were given and their duration.

**RESULTS**

- 40 patients underwent a laparoscopic cholecystectomy, with 30% performed as an inpatient.
- The mean number of days between diagnosis and laparoscopic cholecystectomy was 34 (±38).
- The most common indication for a laparoscopic cholecystectomy was cholecystitis (38%).
- Average hospital admission was 8 days (±12), with a mean age at admission of 62 (±18).
- Six patients underwent an ERCP, with an average time between diagnosis and ERCP of 74 (±86).
- The most common primary imaging modality was an ultrasound (41%), with CT (37%) and MRCP (22%) being the second and third.
- 32 patients received antibiotics for an average duration of 6 (±5) days, with the most common indication being cholecystitis (97%).

**DISCUSSION**

- This study highlighted difficulty in meeting inpatient and/or two-week targets in surgically managing patients with gallstone pancreatitis.
- Further studies are needed to investigate whether this is a national phenomenon and examine the factors that underpin why centres are struggling to meet targets and adjust current guidance accordingly.